

Eating Disorders and Diabetes

An eating disorder is a serious emotional and physical illness that can have life-threatening consequences, especially for children and adolescents with diabetes. Eating disorders—such as anorexia, bulimia, and binge eating disorders—are very complex conditions that require professional help.

Although each type of eating disorder has unique characteristics, all involve the control and manipulation of food and body weight in an attempt to cope with underlying feelings and emotions.

ANOREXIA NERVOSA is characterized by self-starvation and excessive weight loss.

Symptoms include:

- Refusal to maintain body weight at or above a minimally normal weight for height, body type, age, and activity level
- Intense fear of weight gain or being “fat”
- Feeling “fat” or overweight despite dramatic weight loss
- Loss of menstrual periods
- Extreme concern with body weight and shape

BULIMIA is characterized by a secretive cycle of binge eating followed by purging. Bulimia includes eating large amounts of food—more than most people would eat in one meal—in short periods of time, then getting rid of the food and calories through vomiting, laxative abuse, or over-exercising.

Symptoms include:

- Repeated episodes of bingeing and purging
- Feeling out of control during a binge and eating beyond the point of comfortable fullness
- Purging after a binge, (typically by self-induced vomiting, abuse of laxatives, diet pills and/or diuretics, excessive exercise, or fasting)
- Frequent dieting
- Extreme concern with body weight and shape

BINGE EATING DISORDER (also known as COMPULSIVE OVER-EATING) is characterized primarily by periods of uncontrolled, impulsive, or continuous eating beyond the point of feeling comfortably full. While there is no purging, there may be sporadic fasts or repetitive diets and often feelings of shame or self-hatred after a binge. People who overeat compulsively may struggle with anxiety, depression, and loneliness, which can contribute to their unhealthy episodes of binge eating. Body weight may vary from normal to mild, moderate, or severe obesity.

Complications

Severe medical conditions that can occur with eating disorders include electrolyte imbalance, irregular heartbeat, low blood pressure, thinning of the walls of the heart, osteoporosis (brittle bones), hair loss, tooth erosion, gum problems, and swelling of the salivary glands.

Compulsive eating without purging leads to obesity, a risk of high blood pressure, high blood cholesterol, gallstones, heart attack, stroke, respiratory problems, and often, diabetes.

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The management of diabetes may create a preoccupation, even an obsession, with food. Diabetes can lead someone to see food as dangerous, something to avoid. Worrying about eating the wrong foods, or classifying certain foods as either good or bad are unhealthy mindsets that can influence the development of an eating disorder.

Having diabetes may also trigger psychological factors that influence the development of eating disorders, including low self-esteem, feelings of inadequacy or lack of control in life, depression, anxiety, anger, or loneliness. The child or adolescent with diabetes may use excessive control of their food and weight as a means of dealing with these emotions and feelings. For teenagers with diabetes, feelings that their families are overly involved in their lives may trigger rebellion and a fight to become independent at almost any cost.

Teens learn quickly that poor glucose control leads to weight loss and that improved glucose control can lead to weight gain. The long-term consequences of high glucose levels are seen as being less important than the immediate rewards of weight loss or maintenance.

A major concern regarding eating disorders and diabetes is that the eating disorders may go undetected until serious complications have developed. Weight loss resulting from an eating

disorder may be passed off as the result of careful diabetes control. Skipping or cutting back on insulin can mask binge eating.

Diabetes Dangers

Because people with diabetes and an eating disorder have unhealthy blood glucose levels over a long period of time, they are at great risk for diabetes complications that can affect every system of the body.

Hypoglycemia (low blood sugar) is a risk when food is restricted, meals are skipped, or food is purged.

Hyperglycemia (high blood sugar), severe enough to bring on ketoacidosis, which can lead to death, may occur if insulin is skipped or the dose of insulin reduced.

Prevention

The following recommendations can help minimize the influence of diabetes management in development of eating disorders.

- Focus on food choices rather than food restrictions. All foods, including sweets may be worked into a diet for diabetes with planning. (See Classroom Snacks, under Nutrition Section for substitutions).
- Don't expect perfection in diet compliance.
- Avoid emotional or judgmental labels for foods or eating behaviors. Do not categorize foods as "good or bad", or say that a person is "good or bad" based on how or what they eat.

- Make sure that a child's or adolescent's meals and snacks include foods that he/she enjoys and allows for their favorite foods to be included.
- Avoid making the person with diabetes feel different. Singling them out may result in feelings of isolation and loneliness.

Recommend consultation with a Certified Diabetes Educator or a Registered Dietitian if you feel that the meal plan needs adjusting to meet the individual's needs or food preferences.

For more information, contact *Eating Disorders Awareness and Prevention, Inc.* at 603 Stewart St., Suite 803, Seattle, WA 98101